



Bib Data Sheet


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SERIAL NUMBER 09/513,998	FILING DATE 02/23/2000 RULE —	CLASS 455	GROUP ART UNIT 2749	ATTORNEY DOCKET NO. 19504-028
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APPLICANTS
Richard J. Helferich, Chapel Hill, NC ;

**** CONTINUING DATA *******
THIS APPLICATION IS A CON OF 08/989,874 12/12/1997

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
 ** 04/12/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NC	SHEETS DRAWING 9	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 15
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Verified and Acknowledged Examiner's Signature _____ Initials _____

ADDRESS
Mintz Levin Cohn Ferris Glovsky and Popeo PC
11911 Freedom Drive Suite 400
Reston ,VA 20190

TITLE
User interface for voice message access

FILING FEE RECEIVED 813	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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CONFIRMATION NO. 6034

SERIAL NUMBER 09/513,998	FILING DATE 02/23/2000 RULE	CLASS 455	GROUP ART UNIT 2684	ATTORNEY DOCKET NO. 19504-028
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APPLICANTS

Richard J. Helferich, Chapel Hill, NC;

**** CONTINUING DATA **** *Yes* *CS*

This application is a CON of 08/989,874 12/12/1997 PAT 6,097,941

**** FOREIGN APPLICATIONS **** *None* *CS*
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 04/12/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 9	TOTAL CLAIMS 17 46	INDEPENDENT CLAIMS 15 29
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

ADDRESS

6449

TITLE

User interface for voice message access

FILING FEE RECEIVED 1593	FEES: Authority has been given in Paper to _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
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